

SISTER-STATE PARENT LOCATOR SERVICE REQUEST LOCATE DATA SHEET

The Locate Data Sheet is used to request location services directly from a sister-state PLS and is used to provide supplemental absent parent data when location services are requested through an Interstate Central Registry on the Child Support Enforcement Transmittal.

EXHIBIT

LOCATE DATA SHEET									
Petitioner			IV-D Case:			<input type="checkbox"/> TANF <input type="checkbox"/> IV-E Foster Care <input type="checkbox"/> Medicaid Only <input type="checkbox"/> Former Assistance <input type="checkbox"/> Never Assistance			
Respondent			Non-IV-D Case:			<input type="checkbox"/>			
To: (Central Registry or Agency Name and Address)									
From: (Contact Person, Agency, Address, Phone, Fax, E-mail)									
Initiating FIPS Code _____ State _____									
Initiating IV-D Case No. _____									
Initiating Tribunal No. _____									
<input type="checkbox"/> Non Custodial Parent Information <input type="checkbox"/> Custodial Parent Information <input type="checkbox"/> Possibly Dangerous									
Full Name (First, Mid, Last)						Social Security Number(s)			
<input type="checkbox"/> Alias <input type="checkbox"/> Maiden Name <input type="checkbox"/> Mother's Maiden or Father's Name						Current Spouse's Name (Fst, M, Lst)			
Date of Birth (or approximate year)				Place of Birth (City, State, County)			Driver's License Number/State		
Sex	Race	Hair	Eyes	Height	Weight	Distinguishing Marks, Scars, Tattoos, Glasses, Etc.			
Last Known Address: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing						<input type="checkbox"/> Confirmed Date _____			
Telephone: () _____									
Usual Occupation/Professional Licenses									
Last Known Employer (Name, Full Address, Federal EIN)						<input type="checkbox"/> Confirmed Date _____			
Telephone: () _____									
Other Information, Including Assets, Education, Police Record, Public Assistance History									
Attachments: <input type="checkbox"/> Photograph <input type="checkbox"/> Other Items, e.g. Fingerprints						Employment Wage Qtr _____ Wage Year _____ Wage Amount _____			
Date		Initiating Contact Person (Print or Type)				() _____ Telephone Number and Extension			
() _____ Fax Number		() _____ E-Mail							
Locate Data Sheet FSA-206 (Rev. 2-01) Previous edition may be used.									